

LAPS REC'D PCT/PTO 16 AUG 2006

**Application Data Sheet****Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	CONTROL CIRCUIT FOR CONVERTERS
Attorney Docket Number::	03P15794
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: OSKAR  
Middle Name::  
Family Name:: SCHALLMOSER  
City of Residence:: OTTOBRUNN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing RATHAUSSTR. 14  
Address::  
City of Mailing Address:: OTTOBRUNN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 85521

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: WOLFRAM  
Middle Name::  
Family Name:: SOWA  
City of Residence:: MUNCHEN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing ADAM-RIESE-STR. 12  
Address::  
City of Mailing Address:: MUNCHEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 81739

**Correspondence Information**

Correspondence Customer Number:: 24,252  
Name:: OSRAM SYLVANIA  
Street of Mailing Address:: 100 Endicott Street  
City of Mailing Address:: Danvers  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 01923  
Phone Number:: 978-777-1900  
Fax Number::  
E-Mail Address::

**Representative Information**

Representative Customer Number::	24,252
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/DE2005/000155	2/1/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	10 2004 008 908.6	2/24/04	Yes

**Assignment Information**

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT  
FÜR ELEKTRISCHE GLÜHLAMPEN MBH  
Street of Mailing Address:: HELLABRUNNER STR. 1  
City of Mailing Address:: MUNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543